

Naples Equestrian Challenge, Inc.
206 Ridge Drive, Naples, Florida 34108
Phone: (239) 596-2988 / Fax: (239) 514-2908
E-mail: info@naplesequestrianchallenge.org
Web: www.naplesequestrianchallenge.org

WELCOME!

Welcome to Naples Equestrian Challenge equine therapeutic riding program. We teach basic riding and horsemanship skills to riders of all ages with special needs. Our program is designed to benefit our riders physically, socially, and emotionally by using horses and volunteers who are trained to work with individuals of varying abilities.

Included in your rider request package are the following items:

1. Welcome Page
2. Rules for Riding
3. Participant Application Form
4. Annual Physicians Referral Form
5. Emergency Medical Form
6. Participant Demographic Information
7. Photo/Name Release Form
8. Release & Hold Harmless Agreement
9. Billing & Payment Policy
10. Physical or Occupational Therapy Evaluation Form
11. Family Volunteer Form

Upon completion of these forms, please return them to the office as quickly as possible. Once the forms have been reviewed by our New Rider Coordinator, if you are eligible for the program you will be contacted to schedule a time for you to come in for an evaluation ride. There will be a one-time, non-refundable \$30.00 fee for the rider evaluation. The Evaluation Team will make a recommendation for placement into a class. Riders at NEC are placed into in the most appropriate class according to the rider's abilities and age. We try to take scheduling preferences of the rider and caregivers into account when placing riders into classes; however, NEC cannot guarantee the day and/or time that you prefer will be available. Please check the calendar on our website for the most current riding schedule. If there is not an opening in a class appropriate for your abilities and age, then you will be placed on a waiting list until space opens up.

When you receive your scheduled riding time, please make sure you arrive at least 15 minutes prior to your lesson. This will give you the necessary preparation time before mounting. We do keep attendance records and expect you to let us know if you cannot attend a particular lesson. **IF YOU HAVE MORE THAN TWO ABSENCES WITHOUT PRIOR NOTIFICATION, YOU MAY BE REMOVED FROM THE PROGRAM.** In order to avoid disrupting the riding lessons and for safety reasons, when a rider arrives late he/she will not be permitted to ride when the class has already started and the gate to the arena is closed.

Ongoing evaluations are done periodically on the progress of riders. If a rider has been evaluated as not gaining benefit from riding therapy, he/she may be removed from a class and reassigned or removed from the program in order to make room for another rider who may be able to benefit from riding therapy.

You may be excused due to minor surgery or illness that takes you out of the program for two months or less, and NEC will hold your place in the class. Excused absences in excess of two months will require you to move to the top of the waiting list. The only exception is during the summer sessions due to heat related problems.

Once again welcome to Naples Equestrian Challenge. We hope you will enjoy our program!

Please Keep This Page for Your Reference

RULES FOR RIDING

1. For your safety, you must follow all of the instructor's directions.
2. A safety helmet must be worn at all times when riding or in the arena. This helmet must be purchased by the rider/rider parent prior to commencement of riding at NEC. (Please ask a staff member about a local tack shop to purchase the helmet.)
3. For the safety of all riders, staff and volunteers, NEC requires the following:
 - a. Parent or guardian that understands and speaks English MUST accompany a rider at all times while on NEC property.
 - b. A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. NEC reserves the right to extend this policy to other riders as deemed necessary by a NEC designated representative.
4. Long pants are recommended as well as shoes/boots with a low heel. Sneakers will be allowed but not recommended.
5. Remember this is Florida. Bring something cool to drink, a hat for shade and a sweat band or towel if needed.
6. Any bleeding or open sores must be covered with a bandage, or the rider cannot attend that session.
7. Please advise the instructor or Program Manager or Program Coordinator if the rider has a behavior or medical problem so that assisting volunteers can be informed.
8. Please be sure to advise the instructor of any medical changes (i.e.: a recent seizure).
9. Please refrain from coaching your rider from the sidelines. It is important their focus remain on the instructor and assisting volunteers.
10. Please make sure that any visitors you bring (including siblings) are kept under your supervision. (No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena or parking lot, etc.)
11. Please check with the instructor or a staff member before using a camera with a flash. Sometimes, the flash can cause a horse to startle and react suddenly.
12. Parents/Guardians of riders are expected to volunteer at least 5 hours per session. Please refer to the Family Volunteer Form to advise us of your interests.
13. Please do not hesitate to ask for help if you are unsure of something. The instructors, staff, and volunteers are always happy to assist.
14. Everyone on NEC property is asked to make themselves aware of and abide by our basic safety rules.

Thank You for Following Our Basic Safety Rules. Safety Is Our Number One Priority.

Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature

Executed this _____ day of _____, 20_____.

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PARTICIPANT DEMOGRAPHIC INFORMATION

Please assist us by providing the requested information. This information helps NEC with applying for grant funding to operate our program. Providing this information is strictly voluntary on your part, and is not required to complete your Participant Application or Renewal Packet.

RACE/ETHNICITY:

_____ African-American/Black (not of Hispanic origin)

_____ Asian or Pacific Islander (includes Indian Subcontinent)

_____ American Indian or Alaskan Native

_____ Hispanic/Latino (Spanish culture or origin, regardless of race)

_____ Caucasian (persons not of Hispanic origin, having origins in Europe, North Africa, or the Middle East)

_____ Race not included above. Please specify _____

Are you multi-racial or multi-ethnic (parents from two or more of the above listed groups)?

Yes _____ No _____ If yes, please specify _____

INCOME:

Please indicate, for the most recent tax year, your family's gross (*before taxes*) income.

_____ Less than \$20,000

_____ \$20,000 - \$39,999

_____ \$40,000 - \$59,000

_____ \$60,000 - \$79,999

_____ More than \$80,000

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ANNUAL PHYSICIAN'S REFERRAL FORM

EXPIRES August 31, 2012

Participant's Name: _____ Date of Birth: _____ Height: _____ Weight: _____

Parent/Guardian Name: _____ Phone: _____

Naples Equestrian Challenge, Inc. is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protections and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider:

Diagnosis: _____ Date of Onset: _____

Note: If the diagnosis is Down Syndrome, the first Physician's Referral Form ever submitted to NEC, Inc. must be accompanied by a negative diagnosis x-ray report for Atlantoaxial Instability. This must be a signed statement from a qualified physician giving the date and result of the x-ray. If you have questions, please call us.

Medical History: _____

Allergies: _____

Surgical Procedures: _____

Medications: _____

Prescribed For: _____

Present Impairments (Please Check Yes or No for each category):

Impairment	Yes	No	Comments
Auditory			
Vision			
Tactile Sensation			
Speech/Communication			
Sensory Integration			
Cardiac			
Pulmonary			
Integumentary/Skin			
Balance			
Mobility			
Muscular			
Spasticity and/or Rigidity Present			
Braces or Assistive Devices			
Orthopedic			
Seizures (if yes, date of last one)			
Cognitive			
Emotional/Psychological			
Other			

Precautions or Contraindications to Physical Therapy: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that NEC will weigh the medical information given against the existing precautions and contraindications identified above and by the North American Riding for the Handicapped Association (NARHA). Therefore, I refer this person to NEC for ongoing evaluation to determine eligibility for participation.

Physician's Signature: _____ Printed Name: _____

Dated this _____ day of _____, 20_____ (Physician's Stamp):

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PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Naples Equestrian Challenge, Inc., a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NEC") the following permission:

Photo Release:

_____ The undersigned hereby grant(s) NEC to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes NEC, its advertising agents, news media, and any other persons interested in NEC and its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NEC website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

_____ The undersigned hereby grant(s) NEC to use _____ 's (print full name) full name and consents and authorizes Naples Equestrian Challenge, Inc., its advertising agents, news media, and any other persons interested in Naples Equestrian Challenge, Inc., and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, NEC website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on NEC to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature

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EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENT: That _____, who is known to NEC as a visitor, volunteer, participant, employee or guest, (hereinafter referred to as "Constituent"), for and in consideration of participation in any Naples Equestrian Challenge, Inc. programs and presence on any NEC property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Equestrian Challenge, Inc., a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NEC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent's participation in an NEC program or presence on NEC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NEC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any NEC program or being present on any NEC property until such time as Constituent is not participating in any NEC program or from a date forward that such Constituent is not present on any NEC property, such release and hold harmless of NEC specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property owned by NEC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NEC property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NEC or death or injury of person occurring on NEC property or claim for damage to any Constituent's personal property brought upon any NEC property by Constituent.
- 3) Constituent grants NEC the right and authority to perform a background check on Constituent in advance of Constituent's participation in any NEC activity or presence on NEC property and NEC may make future checks on background from time to time during the Constituent's involvement in any NEC program or presence on NEC property. Constituent releases NEC from any claim, cause of action or damages based upon NEC's authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any NEC agent vehicle as part of a sponsored NEC program occurring outside of the NEC property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.
This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

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Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

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BILLING AND PAYMENT POLICY

Naples Equestrian Challenge, Inc. has taken great care in setting participant fees for our services. Our fees are very modest because we subsidize most of the cost of group riding lessons and other programming through fundraising each year. We do not bill insurance companies or third party payors. The information below sets forth the billing and payment policies of Naples Equestrian Challenge, Inc. *This form may not be altered and must be signed prior to your participation in NEC's program.*

New Rider Evaluation: A one-time, non-refundable fee of \$30.00 is required at the time of all new rider evaluations.

Riding Sessions:

Lesson Cost: \$10.00 per 30 min lesson, \$15.00 per 45 min lesson & \$20.00 per 60 min lesson.

Sessions: 8-10 weeks

Session 1: January to February

Session 2: March, April and May

Session 3 (Summer Session): June, July and August

Session 4: September to October

Session 5: November to December

Individual Lessons: \$60.00 per hour or \$30.00 per 30 min lesson.

Camp, EFMHA and EFL: Rates for camp and group programs are determined at the beginning of each session and may vary based on length of program and number of participants in a client group.

Financial Aid: Financial aid is available to those who may have difficulty in paying for their riding sessions. An application is required. Financial aid will be determined on a case by case basis by our Scholarship Committee.

Billing: You will be billed in advance for all scheduled riding days within each session. Payment will still be required for all unexcused and excused absences. Absences due to a medical emergency or other medical procedure will be taken into consideration on a case by case basis. Naples Equestrian Challenge has a 30-day billing cycle. You have 30 days from the date on the invoice to make your payment. If payment is not received within the 30-day limit, a **\$10.00 late fee will be assessed.** The late fee shall be assessed by invoice, and that invoice shall also be subject to a late fee if it is not paid within 30 days. You must contact our billing department if you are not able to make your payment when it is due. Statements will be issued monthly for accounts with a balance due after 30 days.

Account Balances: If your account balance remains due on one or more invoices over 60 days, then you will be notified in writing that you are prohibited from participating in the program until payment is received in full. If you are having difficulty making your payment on time, then you can make application for financial aid. If you do not meet the eligibility criteria for financial aid, then you can request a payment plan. Requests for payment plans are reviewed by the Scholarship Committee, and if approved, your payment plan will be documented as a written agreement between you and NEC. *Please note: If you do not follow the terms of the written payment plan agreement, then the balance you owe shall immediately become due in full, and the participant shall be prohibited from participating in the program until full payment is received by NEC.*

Returned Checks: Your account will be assessed a \$30.00 return check fee for each check that is returned to our office. The returned check fee shall be assessed by invoice, and that invoice shall be subject to a late fee if it is not paid within 30 days.

We accept cash, personal checks, debit cards, Visa, MasterCard, and American Express. If you have any questions, please do not hesitate to contact our Billing Department at (239) 596-2988.

I have read, understand, and agree to the above listed policy.

Note: Signature of Parent/Guardian is REQUIRED if Participant is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature

Executed this _____ day of _____, 20_____.

PHYSICAL OR OCCUPATIONAL THERAPY EVALUATION

Date of Evaluation: _____

Name of Participant: _____ Date of Birth: _____

Diagnosis: _____

Other Pertinent Medical History: _____

Muscle Strength (Gross) – note specific weaknesses	
Joint ROM (Gross) – note specific limitations	
Muscle Tone	
Balance – sitting, standing, walking, running	
Coordination – gross and fine motor	
Reflexes – developmental and tendon	
Pain – character/level, cause	
Sensory Impairments	
Perceptual Problems	
Communication Difficulties	
Functional Abilities/Mobility	
Transfers	
Skin Conditions	
Other	

Problem List

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Plans & Goals

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Additional Comments: _____

Printed Name of Therapist

Therapist Signature

Contact Phone for Therapist: _____

Email: _____

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FAMILY VOLUNTEER FORM

We need your help in making our program at NEC a success! As with all not-for-profit therapeutic riding programs, NEC's success is dependent on the help of volunteers. Your participation as a volunteer demonstrates your family's commitment to the program and helps to ensure long-term stability. When you volunteer your time to help at NEC, you motivate others in our community to donate their time and effort to help our special riders succeed.

PLEASE INDICATE BELOW ANY AREAS IN WHICH YOU WOULD BE INTERESTED IN HELPING OR LEARNING MORE:

I would like to help with:

- Therapeutic Riding and Related Program Activities
 - Sidewalking
 - Grooming/Tacking
 - Leading
 - Coordinating Riders and Volunteers during program activities

- Office Work
 - Filing
 - Making Phone Calls
 - Data Entry
 - Grant Research
 - Information Technology
 - Restocking Desk Supplies

- Barn Work and Repair
 - Tack Cleaning
 - Clean Empty Stalls
 - Resurfacing Stalls
 - Laundry (Washing Saddle Pads / Folding Laundry)

- Property Improvements/Maintenance/Repairs and Beautification
 - Handyman Services
 - Painting (Fences, House, Barn, Office Interior, etc.)
 - Hanging Pictures / Decorating
 - Gardening, Weeding and Yard Work
 - Specialized Contractor Services (Flooring, Electrical, Plumbing, Roofing, etc.)
 - Landscape Design
 - Architectural Design
 - Engineering

- Marketing or Fundraising
 - Mailings
 - Event Organization/Preparation
 - Event Set Up and Tear Down
 - On-site Event Assistance
 - Public Speaking
 - Auction Items
 - Newsletter (Design and Editing)

- Photography/Videography/Graphic Design/Website
 - Photographer
 - Videographer
 - Graphic Design
 - Website Maintenance
 - Social Media

- Office Cleaning
 - Vacuuming

- Dusting
- Mopping
- Cleaning Bathrooms
- Clean Cabinets
- Office Reorganization

- Board or Committee Service
 - Board of Directors
 - Fundraising/Event Planning Committee
 - Program Committee
 - Marketing/PR Committee
 - Finance Committee

- Audit Committee
 - Risk Management Committee
 - Governance Committee

Other _____ (please specify)

You may not realize that your special skills and talents could be of great help to our program and riders. Also, your affiliation (past or present) with an employer, professional association, social club or faith congregation may give us an opportunity to reach out into the community to let others know about our program. PLEASE TELL US BELOW ABOUT ANY SPECIAL SKILLS OR AFFILIATIONS THAT YOU WOULD LIKE TO SHARE WITH US:

Current or Former Employer(s) / Professional Skills: _____

Additional Special Talents / Skills: _____

Affiliations (Professional Associations, Service Clubs, Social Clubs, Faith Congregations, Neighborhood Associations, etc.):
